

1 LOCATION OF WATER WELL	Fraction	Section Number	Township Number	Range Number
County: Rush	NW 1/4 NW 1/4 NE 1/4	15	T 17 S	R 17 E/W

Distance and direction from nearest town or city? **3 3/4 miles north and 1/2 mile east of Bison, Kansas** Street address of well if located within city?

2 WATER WELL OWNER: **Dorothy Beaver**
 RR#, St. Address, Box # : **Bison, Kansas 67520** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : **Bison, Kansas 67520** Application Number:

3 DEPTH OF COMPLETED WELL: **375** ft. Bore Hole Diameter: **11** in. to ft., and in. to ft.
 Well Water to be used as:
 1 Domestic 3 Feedlot 5 Public water supply 8 Air conditioning 11 Injection well
 2 Irrigation 4 Industrial 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 7 Lawn and garden only 10 Observation well
 Well's static water level: **170** ft. below land surface measured on **September** month **22** day **1979** year
 Pump Test Data: Well water was **180** ft. after **1** hours pumping **20** gpm
 Est. Yield **60** gpm: Well water was ft. after hours pumping gpm

4 TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile Casing Joints: Glued Clamped
 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded
 7 Fiberglass Threaded
 Blank casing dia: **5 1/2** in. to **355** ft. Dia in. to ft. Dia in. to ft.
 Casing height above land surface: **18** in. weight **200** lbs. ft. Wall thickness or gauge No: **.258**
 TYPE OF SCREEN OR PERFORATION MATERIAL PVC 10 Asbestos-cement
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify)
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)
 Screen or Perforation Openings Are:
 1 Continuous slot 3 Mill slot 5 Gauzed wrapped Saw cut 11 None (open hole)
 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes
 7 Torch cut 10 Other (specify)
 Screen-Perforation Dia: **5 1/2** in. to **375** ft. Dia in. to ft. Dia in. to ft.
 Screen-Perforated Intervals: From **355** ft. to **375** ft. From ft. to ft. From ft. to ft.
 Gravel Pack Intervals: From **10** ft. to **375** ft. From ft. to ft. From ft. to ft.

5 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other
 Grouted Intervals: From **0** ft. to **10** ft. From ft. to ft. From ft. to ft.
 What is the nearest source of possible contamination:
 1 Septic tank 4 Cess pool 7 Sewage lagoon 10 Fuel storage 14 Abandoned water well
 2 Sewer lines 5 Seepage pit 8 Feed yard 11 Fertilizer storage 15 Oil well/Gas well
 3 Lateral lines 6 Pit privy 9 Livestock pens 12 Insecticide storage 16 Other (specify below)
 13 Watertight sewer lines
 Direction from well: **north** How many feet: **75** ? Water Well Disinfected? Yes **HTH** No
 Was a chemical/bacteriological sample submitted to Department? Yes No If yes, date sample
 was submitted: **September** month **21** day **1979** year Pump Installed? Yes No
 If Yes: Pump Manufacturer's name: **Red Jacket** Model No: **14BC** HP: **1** Volts: **230**
 Depth of Pump Intake: **336** ft. Pumps Capacity rated at: **10** gal. min.
 Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other

6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was **(1)** constructed, **(2)** reconstructed, or **(3)** plugged under my jurisdiction and was completed on **October** month **16** day **1979** year
 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **134**
 This Water Well Record was completed on **10** month **30** day **79** year under the business name of **Rosencrantz-Bemis** by (signature) *Fredrick Hudson*

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM		TO		LITHOLOGIC LOG	
	0	3	240	245	245	245
	3	8	245	360	245	360
	8	12	360	375	360	375
	12	32	375		375	
	32	185				
	185	192				
	192	200				
	200	230				
	230	234				
	234	237				
	237	240				

Depth(s) Groundwater Encountered: 1. **170** ft. 2. ft. 3. ft. 4. ft. (Use a second sheet if needed)

INSTRUCTIONS: Use typewriter or ball point pen, please press firmly and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Division of Environment, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY
T
17
R
17
SEC
15
NW 1/4
NW 1/4
NE 1/4